

IN THE DISTRICT COURT OF THE _____ JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

_____, Plaintiff, vs. _____, Defendant	Case No.: _____ PARTIAL SUM CERTAIN JUDGMENT
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Partial judgment is hereby awarded in favor of the ☐ Plaintiff ☐ Defendant, named
_____, against the ☐ Plaintiff ☐ Defendant, named
_____, in the amount of \$_____, to reimburse
for: ☐ Medical Expenses for their child/ren not otherwise covered by insurance;
☐ Work-related Child Care Expenses for their child/ren; and/or ☐ Payments to Creditors.

DATED: _____
Judge

CLERK'S CERTIFICATE OF SERVICE

I certify that a copy of this Partial Sum Certain Judgment was served on the following persons
on this date: _____.

Plaintiff: ☐ Mail ☐ Hand-delivery

[name]_____

[address]_____

[city, state, zip]_____

Defendant: ☐ Mail ☐ Hand-delivery

[name]_____

[address]_____

[city, state, zip]_____

Deputy Clerk